

DECLARATION

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, Shawn Williams, of full age, pursuant to 28 U.S.C. § 1746, declare under penalty of perjury the following:

1. I am the plaintiff in a lawsuit against Z. D. Masonry Corp., other businesses, and Mr. Zbigniew Dziadana, assigned Case No. 07 C 6207.
2. I have personal knowledge of the information contained in this declaration and I would be prepared to testify to this information if called upon to do so.
3. I applied for work as a bricklayer with Z. D. Masonry on January 20, 2006.
4. I received my training as a bricklayer through the apprenticeship program operated by the Bricklayers union, completed classroom training in May 2004, worked as a bricklayer from June 2004 through May 2005, was laid off when the job finished and worked slowed down, and continued to receive further training after that. I received training in all aspects of bricklaying and masonry, and I also took a welding class.
5. I have continued looking for work as a bricklayer since being turned down by Z. D. Masonry, and I have also sought to obtain other employment.
6. Attached to this affidavit are copies (that I have initialed) of all W-2 statements I received for earnings in 2006 and 2007.

7. The last attachment is an invoice for work that my wife and I both did for LSW, Inc., for the period ending November 30, 2007. I have been paid for that work but the payment came in 2008 and therefore is not included in the W-2 statement for 2007.

8. All of my income in 2006 and 2007 is shown through the W-2 statements and the invoice from LSW, Inc. My wife is and has been employed as a technician for AT&T, and her income has been our family's primary support during this period.

9. Two of the W-2's are from mason contractors. Both of those jobs were finishing when I was hired, but I accepted the one day of employment each with the two bricklaying companies in the hope that I will be called when and if work picks up for them. I also worked for Local 21 on a construction project where the Union was donating work to a public school and hired out-of-work Union members to do the work.

10. In addition to the employers identified on the W-2 statements and the invoice, I have applied for work during the last two years with over 15 contractors who are identified in a booklet as members of the Mason Contractors Association, and I continue to hope that I will be called by one of them whenever work picks up. I have also applied for a number of other jobs including with the Park District and the United States Postal Service, and I am either waiting for test results or on the list for jobs with them. I have also frequently stopped at construction sites, asked if they were hiring, and asked if they would keep my name and number in case they started hiring in the future.

I have read the foregoing Declaration and swear that it is true and correct to the best of my knowledge, information, and belief.



Shawn Williams

Date: 3/19/08

F:\data\amh\BMB\DC1\ZD\CDocs\Declaration-Williams.wpd

| | | | | | | |
|--|--|--|---|---|----------------------|-------------------|
| A. CONTROL NUMBER 99946301 | This Information is being furnished to the Internal Revenue Service Case 1:07-cv-06207 | OMB NO. 1345-0708 | 1. WAGES AND COMPENSATION 5153.67 | FEDERAL INCOME TAX WITHHELD 9.12 | | |
| B. EMPLOYER IDENTIFICATION NUMBER 36-3478837 | D. EMPLOYEE'S SOCIAL SECURITY NUMBER 351-54-3933 | | 3. SOCIAL SECURITY WAGES 5153.67 | 4. SOCIAL SECURITY TAX WITHHELD 319.53 | | |
| C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE TERMINIX INTERNATIONAL COMPANY MSB2 1103A 860 RIDGE LAKE BL MEMPHIS, TN 38120-1815 | | | 5. MEDICARE WAGES AND TIPS 5153.67 | 6. MEDICARE TAX WITHHELD 74.73 | | |
| | | | 7. SOCIAL SECURITY TIPS | 8. ALLOCATED TIPS | | |
| | | | 9. ADVANCE EIC PAYMENT | 10. DEPENDENT CARE BENEFITS | | |
| | | | 11. NONQUALIFIED PLANS | 12. a-d | | |
| | | | 14. OTHER | | | |
| E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SHAWN WILLIAMS 863 E. 166TH STREET SOUTH HOLLAND, IL 60473 | | SUFF. | 13. Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/> | | | |
| F. EMPLOYEE'S ADDRESS AND ZIP CODE 15. STATE EMPLOYER'S STATE I.D. NO. IL 3634788370000 | | 16. STATE WAGES, TIPS, ETC. 5153.67 | 17. STATE INCOME TAX 92.11 | 18. LOCAL WAGES, TIPS, ETC. | 19. LOCAL INCOME TAX | 20. LOCALITY NAME |

Copy B To be filed with Employee's FEDERAL tax return
FORM W-2 Wage and Tax Statement

2006

FOLD AND TEAR ALONG PERFORATION

Visit www.irs.gov/efile for e-file details.

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W-2 AND WAGE SUMMARY

QBMB22C 10/05/06

| Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return. | | | 2006 |
|--|----------------------------|----------------------------------|-------------------------------|
| | | | OMB No. 1545-0008 |
| a Control number | 1 Wages, tips, other comp. | 2 Federal income tax withheld | |
| | 1200.00 | 12.00 | |
| b Employer ID no. (EIN) | 3 Social security wages | 4 Social security tax withheld | |
| | 1200.00 | 74.40 | |
| | 5 Medicare wages and tips | 6 Medicare tax withheld | |
| 36-1897250 | 1200.00 | 17.40 | |
| c Employer's name, address, and ZIP code UNITED ORDER BRICKLAYERS LOCAL 21 UNITED ORDER OF BRICKLAYER LOCAL 1950 WEST 43RD STREET CHICAGO IL 60609 | | | |
| d Employee's social security number 351-54-3933 | | | |
| e Employee's name, address, and ZIP code Suff. SHAWN WILLIAMS 863 E. 168TH STREET SOUTH HOLLAND IL 60473-2401 | | | |
| 7 Social security tips | | 8 Allocated tips | 9 Advance EIC payment |
| 10 Dependent care benefits | | 11 Nonqualified plans | 12a Code See inst. for box 12 |
| 13 Statutory employee Retirement Plan Third-party sick pay | 14 Other | 12b Code 12c Code 12d Code | |
| IL 1021-2833 | 1200.00 | 17.52 | |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

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FORM 5209

SW

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|---|--|---|---|---|--|
| 1a Employee identification number Employee's name, address and ZIP code | 94-3286700 ADECCO USA INC 309 QUADRANGLE DR BOLINGBROOK IL 60440-3409 | 32a See instructions for box 12 12a \$ 12b \$ 12c \$ 12d \$ 12e \$ 12f \$ This information is being furnished to the Internal Revenue Service. | 12g Wages, tips, other compensation 386.00 12h Reduced income tax withheld 11.32 | 12i Social security wages 386.00 12j Social security tax withheld 23.93 | 12k Medicare wages and tips 386.00 12l Medicare tax withheld 5.60 |
| 13 Employee's name and mailing address | SHAWN J WILLIAMS 863 E. 166TH ST. SOUTH HOLLAND IL 60473-2401 | 12m Social security tips 12n Allocated tips 12o Advance HICP payment 12p Other | 12q Dependent care benefit 12r Nonqualified plans 12s Other | 13a Statutory employee <input type="checkbox"/> 13b Retirement plan <input type="checkbox"/> 13c Third-party sick pay <input type="checkbox"/> | |
| 15 Employee's address and ZIP code 16 State 17a Employee's state/ZIP code 18 State wages/tips 19a Stock income 19b Local wages/tips 19c Local income 19d Locality name | IL 943286700000 386.00 8.13 | 16a State 17a Stock income 18a Local wages/tips 19a Local income 19b Locality name | | | |

Form W-2 Wage and Tax Statement 2006

Department of the Treasury-Internal Revenue Service

SW

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|--|----------------------------|--------------------------------------|-----------------------------|
| 159.60 | | | |
| 1 Wages, tips, other comp. | 2 Fed. income tax withheld | | |
| 159.60 | 9.90 | | |
| 3 Social security wages | 4 Soc. sec. tax withheld | | |
| 159.60 | 2.31 | | |
| 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| Employer's name, address, and ZIP code Larmco Company, Inc. 20001 Blackstone Avenue Lynwood IL 60411 | | | |
| Employer identification no. (EIN) 36-2736064 | | 11 Nonqualified plans | |
| Employee's SSN 351-54-3933 | | 12a | |
| | | 12b | |
| 7 Social security tips | | 12c | |
| | | 12d | |
| 8 Allocated tips | | 13 Statutory employee | Retirement plan |
| | | | X |
| 9 Advance EIC payment | | 14 | |
| 10 Dependent care benefits | | | |
| Control number | | | |
| Shawn J. Williams 863 East 166th Street South Holland, IL 60473 | | | |
| Employee's name, address, and ZIP code | | | |
| 15 State IL | Employer's state ID no. | 16 State wages, tips, etc. 159.60 | 17 State income tax 2.48 |
| 18 Local wages, tips, etc. | 19 Local income tax | | 20 Locality name |
| Form W-2 Wage and Tax Statement Copy C -- For EMPLOYEE'S RECORDS 2006 <small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 39-1908647 Internal Revenue Service</small> | | | |



| Copy B To Be Filed With Employee's Federal Tax Return | | | 2006 | OMB No. 1545-0008 |
|--|---|----------------------------|--|----------------------|
| a Control number 9 | 1 Wages, tips, other comp. 3 Social security wages b Employer ID number 36-4456373 | 119.71 119.71 119.71 | 2 Federal income tax withheld 4 Social security tax withheld 6 Medicare tax withheld | 0.99 7.43 1.73 |
| c Employer's name, address, and ZIP code MASONRY EXPRESSIONS, INC. 916 SARATOGA PARKWAY SLEEPY HOLLOW IL 60118-2534 | | | | |
| d Employee's social security number 351-54-3933 | | | | |
| e Employee's name, address, and ZIP code SEAN WILLIAMS 863 E. 166TH ST. SOUTH HOLLAND IL 60473 | | | | |
| 7 Social security tips | | 8 Allocated tips | 9 Advance EIC payment | |
| 10 Dependent care benefits | | 11 Nonqualified plans | 12a Code | |
| 13 Statutory employee | 14 Other | | 12b Code | |
| Retirement plan | | | 12c Code | |
| Third-party sick pay | | | 12d Code | |
| IL | 36-4456373 | 119.71 | 3.59 | |
| 15 State Empl'r's state I.D. # | | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement

Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service.

DAA



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|--|---------------------------|--|----------------------------|--------------------------------|---------------------|------------------|
| Form W-2 Wage and Tax Statement 2007 | | 7 Social security tips | 1 Wages, tips, other comp. | 2 Federal income tax withheld | | |
| c Employer's name, address, and ZIP code | | 8 Allocated tips | 3 Social security wages | 4 Social security tax withheld | | |
| Flexible Staffing Services - IL 135 N. Broadway Melrose Park, IL 60160 | | 9 Advance EIC payment | 5 Medicare wages and tips | 6 Medicare tax withheld | | |
| d Employee's name, address, and ZIP code | | 10 Dependent care benefits | 11 Nonqualified plans | 12a | | |
| Shawn Jeffery Williams 863 E. 166th St South Holland, IL 60473 | | 12a Employee Retirement Savings Plan | 12b | | | |
| | | 12b Employer identification number (EIN) 36-4337745 | 12c | | | |
| | | 12c Employee's social security no. 351-54-3933 | 12d | | | |
| 15 State | Employer's state I.D. no. | 16 State wages, tips, etc. | 17 State income tax | 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name |
| IL | 3104-5601 | 2,391.50 | 47.68 | | | |

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

SW

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OMB No. 1545-0008

Dept. of the Treasury - IRS

FORM W-2

| Copy B To Be Filed with Employee's FEDERAL Tax Return. | | | 2007 OMB No. 1545-0008 |
|--|-------------------------------------|--|---------------------------|
| a Employee's SSN 351-54-3933 | 1 Wages, tips, other comp. 80.00 | 2 Federal income tax withheld | |
| b Employer ID no. (EIN) 36-1897250 | 3 Social security wages 80.00 | 4 Social security tax withheld 4.96 | |
| c Employer's name, address, and ZIP code UNITED ORDER OF BRICKLAYER LOCAL 1950 WEST 43RD STREET CHICAGO | 5 Medicare wages and tips 80.00 | 6 Medicare tax withheld 1.16 | |
| d Control number | | IL 60609 | |
| e Employee's name, address, and ZIP code SHAWN WILLIAMS 863 E. 166TH STREET SOUTH HOLLAND | | Suff. | IL 60473-2401 |
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment | |
| 10 Dependent care benefits | 11 Nonqualified plans | 12a Code See inst. for box 12 | |
| 13 Statutory employee Retirement Plan Third-party sick pay | 14 Other | 12b Code 12c Code 12d Code | |
| IL 1021-2833 | | 80.00 | 0.09 |
| 15 State Employer's state ID number | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

SW

□

□ CORRECTED (if checked)

| | | | | |
|--|--|--|--|--|
| PAYER'S name, street address, city, state, ZIP code, and telephone no. LiveOps, Inc. 3340 Hillview Avenue Palo Alto, CA 94304 | | 1 Rents \$ | OMB No. 1545-0115 2007 Form 1099-MISC | Miscellaneous Income Copy B For Recipient |
| | | 2 Royalties \$ | | |
| | | 3 Other income \$ | 4 Federal income tax withheld \$ | |
| PAYER'S federal identification number 65-0995388 | RECIPIENT'S identification number 351-54-3933 | 5 Fishing boat proceeds \$ | 6 Medical and health care payments \$ | |
| RECIPIENT'S name, address, and ZIP code shawn williams shawn williams 863 E. 166th st South Holland IL 60473 | | 7 Nonemployee compensation 792.81 \$ | 8 Substitute payments in lieu of dividends or interest \$ | |
| | | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► <input type="checkbox"/> | 10 Crop insurance proceeds \$ | |
| | | 11 | 12 | |
| Account number (see instructions) | | 13 Excess golden parachute payments \$ | 14 Gross proceeds paid to an attorney \$ | |
| 15a Section 409A deferrals \$ | 15b Section 409A income \$ | 16 State tax withheld \$ | 17 State/Payer's state no. ----- | 18 State income \$ |

Form 1099-MISC

(keep for your records)

38-2099803
Department of the Treasury - Internal Revenue Service

CJW

INVOICE

LSW INC

Virtual Services Corporation

11/30/2007

Period

07113010564

Invoice #

Arise
 3450 Lakeside Dr., #620
 Miramar, FL 33027

| Application | Type | AgentID | Arise Certified Professional | Staffed Hours | Calls | ACD Minutes | Rate | Amount |
|--|-----------|---------|------------------------------|---------------|-------|-------------|------------|-----------|
| Vision Care | Per Hour | 287358 | LaTonya Williams | 40.59 | 0 | 0.00 | \$8.000 | \$324.72 |
| Memo: Vision Care | | | | | | | | |
| Circuit City CSV Sales | Per Hour | 328390 | shawn williams | 55.77 | 0 | 1949.60 | \$9.500 | \$529.82 |
| Memo: Shift 1 | | | | | | | | |
| Arise | Fee | 328390 | shawn williams | N/A | N/A | N/A | (\$19.750) | (\$19.75) |
| Memo: Service Fee | | | | | | | | |
| Arise | Fee | 287358 | LaTonya Williams | N/A | N/A | N/A | (\$19.750) | (\$19.75) |
| Memo: Service Fee | | | | | | | | |
| Circuit City CSV Sales | Incentive | 328390 | shawn williams | N/A | N/A | N/A | \$10.000 | \$10.00 |
| Memo: Circuit City Compensation | | | | | | | | |

Total Due: \$825.04